2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM DOCUMENT # N49672 **Secretary of State** 1. Entity Name CITRA FIRST UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 2000 NE 180TH STR CITRA FL 32113 US PO BOX 178 CITRA FL 32113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FE! Number 13-4206491 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BORDEN, KATHY Street Address (P.O. Box Number is Not Acceptable) 3024 NW 10TH ST. OCALA FL 34475 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, broad or professions of registered agent and title if applicable DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Due By May 1, 2005 Florida Department of State OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 10 10. 11. ADDITIONS/CHANGES PD ☐ Addition Change TITL 8 TITLE ☐ Delete FORWOOD, THOMAS M U00000238708 NAME NAME 17525 N HWY 301 STREET ADDRESS STREET ADDRESS 02/22/05-80012-004 61,25 CITRA FL 32113 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Change ☐ Addition TITLE ☐ Delete WARD, WILLIAM NAME NAME 5215 E HWY 318 STREET ADDRESS STREET ADDRESS **CITRA FL 32113** CITY - ST - ZIP CHY-ST-7IP [] Change THILE ☐ Delete HIE ☐ Addition PINNER, CONNIE NAME NAME 4620 E HWY 318 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITRA FL 32113 CITY-ST-ZIP Delete ☐ Change ☐ Addition THEF LAWRY, RUBY NAME NAME 20781 E HWY 318 STREET ADDRESS STREET ADDRESS **CITRA FL 32113** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete 1016 ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED